

DETAIL WARRANT NUMBER 16 - FUND F - F #1 MAR 2014 FOR 03/01/14 - 03/31/14

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
700837	4583	VOIDED - RENAISSANCE WASHINGT F 2070.400-40-1453		03/03/14 140977	(593.11)	(593.11)
					CHECK TOTAL	(593.11)
700839	4596	COURTYARD WASHINGTON CONV. CT F 2070.400-40-1453		03/04/14 141002	638.91	638.91
					CHECK TOTAL	638.91
700840	1519	STAFF DEVELOPMNT FOR EDUCATOR F 2070.400-40-1453		03/04/14 140961	623.25	623.25
					CHECK TOTAL	623.25
700841	3946	ANDERSON CENTER FOR AUTISM F 2250.400-40-1445 F 2250.400-40-1445		03/14/14	1,616.31 1,615.90	
					CHECK TOTAL	3,232.21
700842	537	FRANZISKA RACKER CENTERS F 2250.400-40-1444 F 2250.400-40-1445		03/14/14 140980 140980	6,357.00 13,464.00	8,393.00 17,776.00
					CHECK TOTAL	19,821.00
NUMBER OF CHECKS				5	WARRANT TOTAL	23,722.26
					VENDOR PORTION	23,722.26

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have verified the above claims, 5 in number, in the total amount of \$ 23,722.26.
You are hereby authorized and directed to pay to the claimants certified above the amount of each claim allowed and charge each to the proper fund.

3-17-14
DATE

Joanne M. Schell
SIGNATURE

Treasurer
TITLE

mfed

100

DETAIL WARRANT NUMBER 16 - FUND F - F #1 MAR 2014 FOR 03/01/14 - 03/31/14

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have audited the above claims in the total amount of \$ 23,722.26.

You are hereby authorized and directed to pay to the claimants certified above the amount of each claim allowed and charge each to the proper fund.

5.6.14
DATE

[Signature]
AUDITOR'S SIGNATURE

Claims Auditor
TITLE

Report Completed 11:24 AM